



News Flash – A new video explaining the Medicare Learning Network (MLN) and its benefits to Fee-For-Service healthcare providers, is now available for download. This video, approximately seven minutes in length, is suitable for self instruction or for use during provider education events. National associations and organizations may want to consider posting this video to their websites to educate their membership on the products and services of the MLN. You can access the video at http://www.cms.hhs.gov/MLNGenInfo/downloads/MLN_Long_Video.zip on the CMS website. Please note the large file size, [ZIP, 44.1MB], as download speeds will vary based on your internet connection.

MLN Matters® Number: MM6543

Related Change Request (CR) #: 6543

Related CR Release Date: July 31, 2009

Effective Date: January 1, 2010

Related CR Transmittal #: R1787CP

Implementation Date: January 4, 2010

Fractional Mileage Amounts Submitted on Ambulance Claims

Provider Types Affected

This article is for ambulance suppliers submitting claims to Medicare contractors (carriers and Medicare Administrative Contractors (MAC)) for ambulance services on a CMS-1500 paper claim or ANSI X 12N 837P electronic claim. Hospital- based ambulance services are not affected.

Provider Action Needed

This article, based on CR 6543, describes changes to the billing instructions for fractional mileage units. Beginning with dates of services on or after January 1, 2010, ambulance suppliers must report mileage as fractional units for trips totaling up to, but not including, 100 covered miles. Be sure to make billing staff aware of these changes.

Background

Currently, ambulance suppliers must round the total mileage up to the nearest whole mile for trips totaling a fractional number of miles or less than one whole mile. For example, if a the total number of round trip miles traveled equals 9.5

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miles, the supplier must enter 10 units in Item 24G of the CMS-1500 paper form or the corresponding loop and segment of the ANSI X12N 837P electronic claim.

Medicare fee-for-service systems have been upgraded to process mileage HCPCS codes to a tenth of a mile.

Effective for claims with dates of service on and after January 1, 2010, ambulance suppliers must report fractional mileage units rounded to the nearest tenth of a mile for all claims for mileage totaling up to, but not including, 100 covered miles. Suppliers must submit fractional mileage using a decimal in the appropriate place (e.g., 99.9). For trips totaling 100 covered miles and greater, suppliers should continue to report mileage rounded to the nearest whole number mile (e.g., 999).

For mileage totaling less than 1 mile, suppliers must include a "0" prior to the decimal point (e.g., 0.9). **If you do not supply the mileage on your claim, Medicare will automatically use "0.1" unit as the default.**

The Medicare Claims Processing Manual, Chapters 15 and 26, are revised by CR 6543 to reflect these changes.

Note: CR 6543 applies only to ambulance services billed on a CMS-1500 paper claim or ANSI X12N 837P electronic claim and does not apply to hospital-based ambulance services. Mileage is reported in Item 24G of the CMS-1500 claim form or the corresponding loop and segment of the ANSI X12N 837P.

Additional Information

Ambulance suppliers might find the Ambulance Fee Schedule Fact Sheet to be helpful. This product is available at http://www.cms.hhs.gov/MLNProducts/downloads/AmbulanceFeeSched_508.pdf on the CMS website.

The official instruction, CR 6543, issued to your Medicare carrier and/or MAC regarding this change, may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1787CP.pdf> on the CMS website. If you have questions, please contact your Medicare carrier and/or MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the Centers for Medicare & Medicaid Services (CMS) website.

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